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Original Communications.

LOSTORFER'S SYPHILITIC CORPUSCLE.

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IT is now some months since the news came from the other side that Dr. Lostorfer, of Vienna, had discovered a certain corpuscle in the blood of syphilitic patients which was not to be found in other blood; in other words, that he had found a means of determining, by a microscopic examination of the blood, whether the person from whom the blood had been drawn was affected with syphilis or not.

This report did not come as a mere statement, but was endorsed by such names as Hebra and Stricker, at least to the extent of certifying that he had, by means of the microscope, correctly made the diagnosis between syphilitic and non-syphilitic blood in several cases which had been given to him as tests.

Such a report, coming from such a source, and backed by such names, as a matter of course, attracted the attention of every medical man at all interested in the subject, and further developments were anxiously waited for. Probably in no other disease would such a simple and sure means of diagnosis be so desirable, certainly in none more so. When we reflect on the liability of syphilis to relapse, even after years of apparent immunity, and on the impossibility of giving a sure prognosis on the subject, it must be evident that if by means of the microscope we could tell patients whether they were free from any syphilitic taint, or not, much anxiety and unhappiness might be spared, and many of the questions so difficult to answer with regard to the advisability of marrying, &c., would be easily settled. Moreover, from a purely scientific point of view, undoubtedly the fact of the existence of a special specific corpuscle in syphilitic blood would open a field to investigators, the working of which might throw some light on the etiology of a disease which, although one of the most regular in its course, symptoms and indications for treatment, has, up to the present time, baffled the best observers in their endeavors to explain its origin or primary causes.

It is not to be wondered at, then, that such a claim as Lostorfer's should have produced much excitement in the medical world, and, although most of the discussions that took place and the papers that were read on the subject before the Gesellschaft der Aerzte have already been placed before the American medical public,* perhaps a brief and condensed abstract of the proceedings will not be without interest at this later period, when the first excitement on the subject has abated.

At the meeting of the Gesellschaft der Aerzte, held at Vienna on Jan. 29th, 1872, Dr. Adolf Lostorfer stated that he had discovered a means by which blood coming from syphilitic persons could be distinguished from persons not affected with that disease. He had received from Dr. Stricker several specimens of blood, on microscopic slides, part of which were from syphilitic and part from healthy persons, and on the third, fourth, or at latest the sixth day, he had given the results of his examination, which, with the exception of some cases where the specimen was in a condition to preclude any satisfactory examination, his diagnosis tallied with the record which had been kept of the sources from whence the blood came. A similar test to which he was put by Hebra resulted in the same way.

He explained his method of examination, which may be briefly described as follows. A drop of blood, obtained by a prick, was placed on a glass slide and covered with a covering glass. It was then placed in a receptacle, so arranged as to have the at-

* See Dr. J. H. Chadwick's letters to the Boston Medical and Surgical Journal, vol. ix., and Dr. F. J. Bumstead's translation of Stricker's *resumé* in the Am. Jour. Med. Sciences for July, 1872.

mosphere kept moist. These preparations, examined with Hartnack's No. 10 immersion object-glass, and No. 3 ocular, for the first two days showed nothing abnormal, beyond some vibrios, bacteria, and some of the earliest germs of sarcinæ, but on the fourth or fifth day small shiny bodies appeared, on some of which was seen a small process. These increased both in size and number during the next few days, when some of them were as large as a shrivelled red corpuscle. The number of processes, also, had increased, some of which had a secondary process attached to them. On the eighth to the tenth day a vacuole could be seen forming in the centre of these bodies, which increased in size until it seemed to be bounded merely by a thin layer, shown by a double line. This seemed to be the limit of development. Various reagents were added to these preparations. When tested in this way on the first day, they shrivelled up into a dark, irregular mass, whereas, when tested later, on the sixth or eighth day, although they were somewhat affected and shrunk, the effect produced on them was markedly less.

For three months he had examined blood of non-syphilitic patients, some healthy and some affected with other diseases, and as in no case, except a syphilitic one, had he found these corpuscles, he considered himself justified in calling them syphilitic corpuscles.

He then read the records of thirteen cases, from which he drew the conclusion that the presence of these corpuscles was not limited to any period of the disease, but that they were found during all stages, from the primary lesion, before the appearance of any eruption, to the latest forms of the so-called tertiary manifestations. While he felt compelled to see a connection between these corpuscles and the syphilitic taint, he did not claim that they were the bearers, as it were, of the contagion, nor did he feel able to decide as to the source from which they sprang, as it might be either that they had existed in the blood and were by the process of examination caused to grow, or that syphilitic blood has the property of having such corpuscles appear in it, coming from some source, to us unknown.

Dr. Stricker gave the number of preparations of syphilitic and non-syphilitic blood that had been given to Lostorfer, amounting to fifty-nine, in all of which, with the exception of one set of twelve, the diagnosis, when given, corresponded with the facts. There were, however, some in this number from which he said that he could draw no conclusions, as the preparations were not in a condition to use. In the set of twelve above mentioned, no conclusions were arrived at; the temperature at which these examinations had been made was 12° to 15° C. In all these preparations, the non-syphilitic blood was taken from apparently healthy individuals.

At the meeting of the same Society, held on February 9th, Prof. Wedl briefly reviewed Lostorfer's claim, and gave the results of a series of investigations he himself had been carrying on. He mentioned the fact that in microscopic examinations made with a certain object, we are very apt to see those things that we wish to see, and not to notice those that would tend to contradict our preconceived ideas, and hinted at the possibility of Lostorfer's not having searched as carefully for the corpuscles in blood known by him not to be syphilitic, as in other cases where he wished to find them. He (Wedl) had found corpuscles in blood corresponding to those described by Lostorfer, but was convinced that they were either small fat-cells, or the remnants of broken-down white corpuscles. He accounted for the presence of fat-cells in the specimens by supposing that when the skin was pricked, either by the pressure of the instrument or by squeezing the skin to bring out the blood, the contents of the sebaceous glands in the vicinity was emptied and mixed up with the blood. That these corpuscles were really fat-cells, was still further proved to him, by the fact of his having made a fine oleaginous emulsion, and finding the exact counterpart of them in it, under the microscope. He also claimed that the vacuoles mentioned by Lostorfer were the result of a process of decomposition by which carbonate of ammonia was generated to the action of which on the fat-cells the vacuoles must be attributed. He had not found it necessary to wait for some days before being able to see these bodies, as they could be seen immediately by simply washing away with distilled water the masses of red corpuscles which, for the first few days, fill the field and obstruct the sight.

This communication was followed by a spirited debate, in which Stricker and Lostorfer endeavored to overthrow the position taken by Wedl, i. e., that the corpuscles described by Lostorfer were nothing but fat-cells. Stricker did not doubt the fact of Wedl's having seen fat-cells in blood, but he denied that they were identical with the corpuscles described by Los-

torfer. Wedl admitted that he had never seen the corpuscles in Lostorfer's own preparations, but claimed that it could not be expected that scientific investigators should always go to the fountain head in order to see any claimed discovery. Stricker, while he admitted this, insisted, nevertheless, that in order that an investigator's results should have any weight in any given question, it was absolutely necessary that he should understand and follow the method used by the original worker, and this was what Wedl had not done, as by his own confession he had found his so-called fat-cells after the preparation had been washed with distilled water; whereas Lostorfer had not used water at all, except on occasions as a re-agent, and its effect then had been to shrivel up and destroy the corpuscles. Evidently, therefore, the bodies studied by Wedl and those described by Lostorfer were not the same.

A committee, consisting of Rokitansky, Reichart, Karsten, Klob, Brücke, Billroth, Von Basch and Auspitz, was appointed to investigate the subject.

At the meeting held Feb. 16th, this committee reported that they did not consider the subject a suitable one for an official investigation, and requested to be relieved from duty.

In the second number of the fourth year of the *Archives of Dermatology and Syphilis*, Dr. Stricker published an account of his researches on this subject. He gives, with German accuracy and minuteness, the method pursued by him in making his examinations, and then his results. He found in fresh blood many small bodies, which he supposed to be bits of coagulated fibrine or *débris* of protoplasm; whatever may have been their nature, however, the only important point in this connection is that they were not Lostorfer's corpuscles, as is proved by the fact that they disappeared entirely in a day or two, whereas Lostorfer's corpuscles do not appear until a day or more from the time the blood is drawn. Stricker claims to have seen small bodies actually appear under his eye in the field in clear spaces (plasma insel), and to gradually increase in size until they presented the typical appearance of Lostorfer's corpuscles. This was seen in a preparation that was examined in a warm room, and on the next day he observed the same phenomena even more successfully by having an apparatus so arranged as to keep his slide heated to 25° C. He also saw that the processes described by Lostorfer were not the result of an outgrowth from the corpuscles, but of a union of two, which process of union he saw take place several times. It would take too much space to give even a condensed abstract of the investigations made by Stricker in determining the nature of these bodies; suffice it to say that they were made in the most careful manner, and that any one by reading his article can convince himself that the following deductions which he arrived at are logical and well drawn.

These bodies do not exist, at least of a size appreciable by the highest magnifying power we possess, in fresh blood. They are organic in their nature and are slowly developed at a temperature of 10° C., and probably at a still lower degree of temperature would not develope at all. In a temperature of 20° to 25° C., their development goes on quite quickly, and at blood heat still more so. When they have reached their full growth, they remain without change for some days, even if they are brought in contact with water or moisture.

With regard to the origin of these bodies he does not attempt an explanation. They must, of course, either come from the blood itself or from the air; if the former is the case, they must either spring from small cells or sporules so minute in size as not to be appreciable by our microscopes, or else be the result of spontaneous generation. If we assume that they come from the air, we might suppose them to be of the nature of bacteria, only we should have to assume that these bodies took a form of development hitherto unkown, when planted in certain kinds of blood.

Stricker's second series of investigations were made with the view of seeing whether these bodies were, as Lostorfer claims, only found in the blood of persons having syphilis, and his deduction on this point is unequivocally no. He examined the blood of healthy persons, and of several suffering under acute diseases, without finding them; but the fact of a syphilitic patient, in whose blood they had been found in great abundance, having had a severe attack of hæmoptysis, suggested to him the possibility of these corpuscles being in some way connected with a depressed and cachectic state of the system. The result of his researches in this direction was to find them in the blood of a patient with cancer of the stomach, in large quantities in two cases of tuberculosis; in a case of Bright's disease with a cardiac complication, and in an anæmic convalescent from smallpox. Hence he concludes that Lostorfer's claim that the bodies are only

found in syphilitic blood is not founded on fact.

He admits that his examinations have not been sufficient in number to prove that these bodies never appear in the blood of healthy persons, or of those having some acute sickness, but claims that he has shown that they are sometimes found in chronic diseases of long standing, accompanied with much disturbance of nutrition, and that they are often present in cases of syphilis, and that the subject is worthy of farther investigation.

In the *Berliner Klinischen Wochenscrhift* appeared an article by Dr. Köbner, of Breslau, giving the result of his investigations, and the deductions derived therefrom, which differ materially from Stricker's. Space does not permit of even an abstract of his work, but the following is his result:—he claims to have found bodies in the blood after more or less time, depending on the mode of treating the preparations as regards sealing them up air-tight or not, degree of temperature in which they were kept, &c., which correspond to the corpuscle described by Lostorfer, but that he found them as well in blood of healthy and acutely sick persons as of syphilitic ones. He supposes these bodies to be what have been described by botanists and zoölogists under the name of vacuoles. They are thought to be very small drops of water, less dense than the surrounding medium, and consequently refracting the light less, and enveloped by a thin wall of albuminoid matter, derived from the surrounding medium. These bodies have been the subject of a paper by Prof. Haidenham, who calls them albumen drops (Eiweistropfen).

Such is in a very condensed form the amount of light that has been thrown on the Lostorfer corpuscle, and, although condensed, the illumination is not very dazzling. Two questions naturally suggest themselves:—1st. Do such corpuscles make their appearance in blood; and, 2d, if so, is their presence confined to syphilitic blood.

There seems to be no doubt but that Lostorfer and Stricker did see something of the sort in blood, and Wedl also; but the latter did not see what the two former did. There is certainly something suspicious in the extreme nicety of treating the preparations by heat, moisture, &c., in order to make the bodies appear, and as they only appear after a certain lapse of time, and under a certain method of treatment, it is evident that they do not exist as such in the blood while circulating, except of such an infinitely small size as to be beyond the power of vision aided by the strongest magnifying power. That in certain pathological conditions certain cells might be found in the blood, does not seem impossible; but that the infinitely minute germs of such bodies should exist, which can never attain their full development unless the blood in which they exist is removed and kept carefully for a certain lapse of time at a certain temperature, does seem most marvellous and repugnant to the general plan of adaptation of means to the end and cause and effect, which we see even in those, so to speak, irregular and abnormal actions of nature which we call pathological changes. Of course the fact that anything seems absurd is no proof of its impossibility; but the fact of its apparent absurdity must have an influence on any logical mind, and at least gives us the right to demand the most convincing proof before we admit it.

With regard to these corpuscles (supposing them to exist) being confined to syphilitic blood, the answer drawn from the evidence before us is an easy one. The only reason for supposing that they are peculiar to syphilitic blood is the fact that Lostorfer has not found them in any other; other observers have, which settles the question.

As far as Stricker's suggestion goes, that although not necessarily connected with syphilis, they do develope in blood of cachectic patients, we can only repeat his own admission, namely, that the number of investigations made is not sufficient to prove it, but it does seem a more plausible way of accounting for them than Lostorfer's. If it should be found that these bodies do constantly appear in the blood of cachectic persons, it would be very interesting to see whether their presence in blood might not be connected with that form of visceral degeneration known as amyloid, which we are apt to find in such subjects, especially in the spleen; perhaps some light might thereby be thrown on the function of that organ, and the genesis of the blood corpuscles.

With regard to the practical advantage of this discovery, if it be one, we can speak more decidedly. When such microscopists as have entered the lists on both sides of this question cannot agree as to the appearance and identity of bodies seen, it cannot be expected that much light can be thrown on the diagnosis or indications for treatment by the microscope in the hands of the average physician.

ON THE EXTRACTION OF CATARACT.

By Hasket Derby, M.D., Boston.

While extremely glad that Dr. Williams has called the attention of the profession* to the new operation for cataract, strongly advocated and largely practised by Liebreich, I am unable to coincide with the criticisms he offers on the method of Graefe.

The peripheric linear method was brought forward by its distinguished author as a substitute for the ordinary flap extraction, and was considered, not only by him, but generally by his scholars and followers, to combine a larger measure of success with fewer attendant dangers than that operation, which it succeeded in almost completely crowding out of sight. The consequent general abandonment of flap extraction can hardly be better illustrated than by quoting from Warlomont's notes of his visit to the recent Ophthalmological Congress at London.

He says:—

"Bowman, the king of operators, appears abandoned to the most absolute eclecticism. He, so to speak, chooses for each case singly the procedure to be employed. We have even seen him—*horresco referens*—do several flap extractions, without the least iridectomy, in a word the classic operation, and never once blush. But then what wonderful dexterity!"†

The operation of Graefe is probably more largely practised than any other at the present day, especially on the Continent. The disposition to seek out a better one is no doubt universal, and when that better one is found, the striving after perfection will none the less exist. For the present, the question is whether a safer method, that promises as good or better results, has actually been discovered.

Dr. Williams charges Graefe's operation with involving, *first*, a wound so near the ciliary region that sympathetic ophthalmia is a possible danger; *secondly*, with causing a chance of separation of the retina; and, *thirdly*, with involving a possible loss of vitreous. The relative frequency of such accidents can be estimated only by referring to tabular statements of the performance of the operation. I find most convenient for this purpose Prof. Knapp's series of 300 cases,‡ Dr. Snellen's of 208,§ Dr. de Wecker's of 86, done during the second semester of 1871,* and the notes of 92 occurring in my own practice, forming an aggregate of 686 cases, all carefully recorded and thoroughly analyzed, with the ultimate result noted in almost every instance.†

In 21 of these 686 cases the eye was lost. *Sympathetic ophthalmia occurred in no instance. Separation of the retina but once*, and then in an eye laboring under sclerotico-choroiditis posterior.

Vitreous was lost 112 times. This number seems very large, but it must be remembered that not only the slightest losses are recorded, but that when the operation was new the exit of the lens was accomplished with much more difficulty than at present, traction instruments having frequently to be employed. As the method of accomplishing the safe delivery of the lens became more generally understood the frequency of loss of vitreous gradually and steadily diminished. Prof. Knapp met with this accident 23 times in his first 100 cases, 18 in the second and 9 in the third. Dr. de Wecker had but five escapes of vitreous in his last 86 operations. It is, I think, now generally admitted that vitreous is, to say the least, as little likely to be lost in doing Graefe's method as in ordinary flap extraction.

These figures, therefore, do not support the theoretical objections urged against the peripheric linear operation. More carefully prepared tables than those from which I have quoted it would be difficult to find.

Dr. Williams very justly alludes to the necessity of the removal of a piece of the iris as an objectionable feature of Graefe's method. That an iridectomy is to a certain extent a deformity, and that it somewhat impairs the acuteness of vision, no one can doubt. But that it is a safeguard against some of the accidents and processes most dreaded after an extraction, will now generally be admitted.

We should all be open to conviction. I will frankly admit that the results of the new operation which I witnessed this summer at the *clinique* of Liebreich in Paris, and the numerous cases in which I saw him perform it, inspired in me an earnest wish that this might prove to be the operation of the future, and have caused me to enter on its performance since my return. For facility of execution, slightness of anatomical injury or pain inflicted, and personal in-

* Journal of December 5th.

† Annales d'Oculistique. Juillet-Aout, 1872, p. 32.

‡ Archiv. für Ophthalmologie, 13, i. 85. Ibid., 14, i. 285. Knapp's Archive, vol. i. p. 103.

§ De Operatie der Senile Cataract. Utrecht. 1871.

* Annales d'Oculistique, Mars–Avril, 1872, p. 157.

† Writing hastily, as I do, I regret not to be able to quote our series of over 60 operations performed and recorded at the Massachusetts Charitable Eye and Ear Infirmary during the past year.

dependence of the operator of assistants, anæsthetics and apparatus, it unquestionably bears away the palm. The only question that arises is, as to the statistics of success it will, on the whole, furnish. On all who are interested in a decision of this question I cannot too strongly impress the importance of a thorough record of all cases, a statement of the age, sex and condition of every patient, diameter of cornea, dilatability of pupil, perception of light and projection, notes of operation, incidents of after-treatment, and, finally, a careful record of vision for the far and near. While general statements make but a slight impression, the scientific accuracy afforded by the collation of such data is indisputable.

A New Method of Dissolving Iodide of Lead.—M. Tommaso, in a memoir presented to the Royal Pharmaceutical Society of Brussels, suggests a new method of rendering iodide of lead soluble, with a view to making it practically useful in medicine. Alcohol, ether, chloroform, acetic acid, glycerine, &c., dissolve only traces of the iodide. It is soluble, also, in 1235 parts of cold, or 194 parts of boiling water. It is freely soluble in solutions of hydriodic acid or of the alkaline iodides, forming with them double combinations. M. Tommaso adds to a solution of acetate of lead acidulated by a few drops of acetic acid, a solution of iodide of potassium to which has been added carbonate of soda. Carbolic acid is freely given off, and the yellow deposit of iodide of lead quickly dissolves.

By this method a more favorable combination can be made with glycerine in the treatment of uterine diseases, for application to the eyelids, &c. M. Tommaso prepares this glycerine by mixing in a porcelain mortar the following substances until the iodide of lead has entirely disappeared:

Saturated solution of acetate of soda, 15 cc.; glycerine, 25 cc.; iodide of lead, .4 gr.; rose water, a few drops.

London Pauperism.—The total number of paupers in metropolitan workhouses on the last day of the fourth week of September 1872 was 32,444, and 68,472 received outdoor relief, making a total of 100,846. Compared with the corresponding week of the years 1871, 1870 and 1869, this was a decrease of 16,664, 27,557, and 27,731 respectively. The number of vagrants relieved was 465.

Progress in Medicine.

REPORT ON DERMATOLOGY.

By James C. White, M.D.

[Concluded from page 395.]

Nature of the Dartrous Diathesis. Charpy (*Annales de Dermatologie et de Syphiligraphie, troisième année*).

It has always been a puzzle, not so much to know what "la dartre" is or is not, for that is generally given up as an impossibility to all minds not of French origin, but to find out what French dermatologists really believe it to be. The more one read, the less definite were his ideas on this point, for no two authorities gave the same definition to the term, which is not strange of things imaginary. It was easy for any two to describe in the same words the appearances of eczema and psoriasis, and to say that these were characteristic of "la dartre," but when they went beyond these cutaneous manifestations and, dropping their descriptions of plain eczema and psoriasis, attempted to tell what else there was, everything became vague, for nothing real remained. Now comes the new school of dermatology, and one is curious to learn what may be picked out of the teachings of pathological histology to affect the existence of "la dartre," or how they are to be construed to conform to the older theories regarding it. M. Charpy, Ex-Interne des Hôpitaux de Lyon, undertakes to do this in a series of articles published in the journal above named.

A diathesis he regards as an evil spirit shut up within the tissues and, though quiescent, powerful until it chooses to reveal itself. "La diathèse est vulnérabilité d'un tissu dégénéré," the tissue receiving at its birth an original stain of imperfection. The dartrous diathesis is not a disease of the sanguineous system; the alterations of the blood are secondary and not primitive. What the dartrous person transmits to his child is not an altered blood, but a machine liable to be attacked, stricken with weakness; the child in its physical structure reflects that of its parents. A person with this diathesis under provocation exhibits an eczema. In what does this consist? According to results of modern research it is all reduced to a proliferation. This proliferation, he tells us, is a disturbance of equilibrium, a deviation of motion out of proportion to the force of impulsion, and

this in consequence of the imperfect structure of the cell. Excessive proliferation is not exuberance of force, but a sign of feebleness, the feebleness of irritability, &c. &c. &c.

Thus we might go on repeating the writer's words for pages; but to what purpose, except to illustrate the great fault of his school? Would Frenchmen give half the time and ingenuity to good honest observation which are spent upon verbose theorizing, there would be more hope for the advance of medical science among them.

On the relations of Erythema nodosum to Rheumatism. Siredey, Médecin de l'Hôpital Laribosière (in No. 4, same journal), without quite admitting the existence of another diathesis, the arthritic of Bazin, believes fully in its rheumatic nature. He says:—It shows itself in successive crops, just as rheumatism attacks the joints successively; the earliest nodes have begun to recede as others rise, as a joint, actively affected, becomes less painful when another is attacked. The eruption shows itself upon the limbs, and is especially confluent over the joints, which are the favorite seat of rheumatism. Finally, in spite of the size and hardness of this erythema, presenting in certain cases an induration and volume which cause it to resemble anthrax, they never suppurate; and like the articular outbreaks of simple rheumatism, they always undergo complete resolution. For all these reasons, he believes that erythema nodosum has more than coincided with rheumatic pains, that it has been accompanied by *arthrites veritables*, and that it appears to be of the same nature as the morbid articular manifestations, that is that like the latter it is subordinate to the rheumatic diathesis.

Anatomy of Herpes zoster. Wyss. (*Archiv fur Dermat. und Syph.*, Drittes Heft, 1872, from *Arch. d. Heilk.*)—Death followed the outbreak of the eruption upon the right forehead, nose and cheek on the eighth day, in the case reported. The following changes were found on examination:—The ramus i. nervi trig. dextri is broader and thicker than the left, of a reddish gray color, softer consistence, and the individual bundles separated by reddish gray soft tissue, in which numerous vessels were found. The nerve shows this change from the entrance into the orbit to its finest ramifications, as far as they can be followed with a lens. The nerves in the orbit not belonging to the trigeminus are perfectly normal. The ramus i. is surrounded by an extravasation of blood from the orbit to the ganglion Gasseri. The ganglion itself is larger and more succulent than the left. On its inner side lies a red appendix, apparently composed of extravasated blood. The ganglion substance itself is not yellowish-white, but clear red. The exit-point of the trigeminus from the brain is normal, but where it enters the ganglion are numerous extravasations of blood, as well as where ramus i. leaves it, while the points of origin of rami ii. and iii. appear very little changed. In the first portion of the ganglion, the district from which ramus i. arises, is a large extravasation of blood; here, also, is the ganglion substance filled with pus cells to a high degree, so that its cells are pushed far apart and partly destroyed. There is no abscess formation, however.

On microscopic examination of the outer skin, the papillæ and corium were found strongly infiltrated with cells. The rete was preserved in some places, destroyed in others.

Wyss presents this dissection as the first of the very few known, in which the herpes was still in an early stage, and in which the changes discovered in the nerve and ganglion could not be regarded as appearances produced in consequence of disease of the neighboring organs. He considers it, therefore, as more definitely established than before, that, as Bärensprung teaches, herpes zoster stands in casual connection with an inflammation of the corresponding spinal ganglion and the nerves passing from it.

Treatment of Scabies. Weinberg. (*Archiv fur Dermatol. und Syph.* Drittes Heft, 1872, from *Wiener Med. Wochenschr.*)—Dr. Weinberg, physician to the Shoemakers' Society in Vienna, which sends the greatest number of scabies patients to the hospital, gives the following results of his method of treatment with styrax. Peruvian balsam acts most favorably, but it is too expensive. Styrax and olive oil, ʒi. of the former to ʒij. of the latter, for persons of tender skin will generally suffice in two applications. For the class of which hospital patients are generally composed, however, he prefers a rougher mixture, capable of acting mechanically as well as chemically upon the skin, and uses the following preparation, on the plan of the Wilkinson ointment. ℞. Styracis liquid., florum sulfur., cretæ albæ, āā unc. semis.; sapon. viridis, axungiæ porci, āā unc. unam. M. This ointment has a greenish yellow color and rather pleasant odor. It combines in itself the advantages of Vlemingkx' solution in its ra-

pid destruction of the acarus and its eggs, and of the Wilkinson's ointment in relation to its healing action upon the eczematous and pustular eruption, without the disadvantages they possess; for it does not easily excite an artificial eczema, even upon a tender epidermis, nor does it harm the clothing.

The method of using it is simple: The patient, before going to bed, rubs the ointment over the whole body, but with especial thoroughness into those portions which form the favorite seat of the animal—the buttocks and penis (in shoemakers), the thighs and hands. The same process is repeated on the two following evenings, the same night-clothes being used. During the day the patient attends to his usual occupation. At the end of three additional days, he takes a bath and cleans himself. Before the treatment, a bath is only ordered for the patient when the skin is very dirty. According to the extent of the disease, from one to three ounces of the ointment are sufficient for one person, and the cost is very low.

Patients thus treated state that after the first use of the remedy over the whole body the itching soon diminishes, so that on the first night they sleep much more quietly, and after the second or third application it ceases as a rule wholly. The individual burrows and pustules dry up, and the outer layer of epidermis over the more tender parts, as the scrotum and penis, are cast off, about the fifth or sixth day, in thin lamellæ with the dried salve. When eczema is present, the places thus affected cover themselves with a dry crust, which falls off in a few days. Cases complicated with severe eczema, many pustules and furuncles, must of course undergo the usual preliminary treatment in the hospital.

The styrax ointment is also applicable with women and children, diluting it with ung. simpl. for infants, and may easily be used in any private dwelling

v. Rothmund (same journal) gives his experience with the use of carbolic acid in the treatment of scabies. He prescribes either acidi carbol. scrupulum, olei lini or glycerini uncias ij.; or natri carbolici unciam dimidiam, aquæ destill. uncias sex. With this the patient is rubbed three times a day, and according to his statement two and a half days are sufficient to cure the most inveterate case. Petroleum, after trial, he rejects as inadequate in the disease.

Impetigo rodens ulcéreux et non ulcéreux (*Jahresbericht der Gesammten Medicin* from *Bull. Gen. de Therap.*).—Devergie gives in this article the description of an affection which occurs frequently, but is often mistaken, being confounded with cancroid. The distinguishing marks of each he gives as follows. In cancroid, both edges and base exhibit a positive induration, while in Impet. rod. ulcer. only the elevated edges show this change; the form of the first is more round, while that of the latter is elongated, more or less deep, and not unlike the syphilitic ulcer. The secretion of cancroid shows itself as a bad-smelling, thin fluid pus, that of Impet. rod. as a mixture of healthy pus with serous fluid without smell. In Impet. rod. the slightest disturbance produces bleeding, in cancroid it does not. Both are seated most frequently on the face; the cancroid possibly affecting the whole face and especially the lip, while Impet. rod. constantly attacks the region of either corner of the eye or the side of the nose. The impetiginous affection starts from several circumscribed small points and fissures which slowly increase in size. The surrounding skin is perfectly healthy, there are no lancinating pains, and only a slight itching. Cancroid always starts from a single point, which rapidly enlarges. The pains are of a lancinating character. In the former, the induration is manifest from the beginning, in the latter, late, often only after years.

From ordinary impetigo, this form is distinguished by always leaving indelible scars, which is never the case with the former.

Devergie divides Impetigo rodens into two classes: Impet. rod. ulcerosa, and Impet. rod. non-ulcerosa. The last is again subdivided in two forms. The one begins with several small, grayish, slightly elevated papules, mostly in the neighborhood of the eyelids, the bridge and sides of the nose, which leave behind them scars after their disappearance. The other form begins as little vesicles or pustules, mostly in the region of the inner angle of the eye, with slight itching. The vesicles or pustules burst, and crusts are formed which, later, fall off and leave flat cicatrices. The efflorescences which subsequently develope start from the circumference of these scars. No special inconvenience is felt by the patient, so that a physician is not consulted until after a duration of several years. With Impet. rod. ulcerosa the course is quite different. This begins in the form of im-

petigo, passes after a while into ulceration, which extends both superficially and downwards, although slowly. Its edges are elevated, indurated, and bleed easily. Its seat is mostly upon the cheeks, in the region of the nose and eyes, and is unaccompanied by pains. From lupus this form of impetigo is distinguished by the fact that the efflorescences are accurately defined, and that the neighboring skin is not at all affected, whereas in lupus the latter is thickened, reddened, and not sharply separated from the diseased part. Scrofula and syphilis are generally, and in the main not incorrectly, considered as causes of Impet. rod. ulc., although this is not always capable of demonstration in individual cases. The non-ulcerating form, however, has nothing to do with these dyscrasies. It is on this account that local treatment is sufficient in this form, while in the other local and general must be combined. In order to meet the indications produced by scrofulosis and syphilis, Devergie makes use of cod-liver oil, a syrup containing iodides of iron and potash and sublimate, and in addition a tea of walnut leaves with which Fowler's solution is mixed in doses increased by 1 to 12 drops daily. This method of treatment he calls "médication mixte." With it local treatment, which by itself is not sufficient in Impet. non-ulcer., must always be combined. Canquoin's paste of chloride of zinc he considers the most effective, as it causes little pain, is easy to apply, and, when well prepared, does not irritate the surrounding parts. Impet. rod. non-ulcer. may be healed by this method in the course of from 14 to 18 days.

Ichthyosis.—Boeck (*Jahresbericht der Gesammten Médicin* from *Norsk Mgz. for Lägevidensk*) gives an account of a form of this affection which prevails in certain parts of Norway, the symptoms of which are as follows: The children are born with a fine red skin, which gradually becomes hard. After a few months, the development of scales begins, which after a while produces thickening, which is divided according to the direction of the grooves of the skin. It is only on the palms and soles that no scale formation takes place A great part of the concha is united to the skin of the head. The secretion of sweat generally diminishes or ceases; in a person exhibited it was normal only on the forehead, in the axillæ, and on the soles of the feet. When heated this patient was oppressed, and very short-breathed; he had great thirst, and urinated much. In later years the face becomes darker. Ophthalmoscopic examination revealed beginning cataract formation, an anæmic fundus, atrophy of the papilla n. optici, diminution in size of the vessels (especially the arteries), retinitis pigmentosa, and a considerably diminished field of vision.

Scleroderma.—M. Pasturand communicates to the last number of the *Ann. de Dermatologie et de Syphiligraphie* (*troisieme année*, No. 5) the report of a case of this rare affection with the remarks of M. Hillairet, of St. Louis, upon it. He regards it as an affection of the skin, characterized by its induration, without change of color, without hypertrophy of the cutis, with induration and compression of the subcutaneous cellular tissue. The literature of the subject seems to have been thoroughly consulted in the preparation of the article, but it gives us but little additional information concerning the nature of the disease. He does not accept the results of the very careful researches of Auspitz, who found a considerable hypertrophy of the connective tissue causing a stasis of the blood in the capillaries of the cutis; and is kindly disposed to the hypothesis of M. Horteloup fils. According to this writer in his inaugural thesis, the induration of the skin in scleroma is due to a permanent spasm of the muscular and elastic fibres of the skin which are connected with the grand sympathetic. The primitive lesion is supposed, therefore, to be seated in the ganglionic centres. In this way the symmetry in its progress and its generalization are explained.

This for an hypothesis is worth its present value; we prefer to accept the demonstrations of Foerster and Auspitz with regard to its pathological anatomy.

Anatomy of Elephantiasis Arabum. (*Archiv. f. Derm. und Syph.*, Drittes Heft, 1872, from *Virchow's Archiv.*) Van Lair examined the leg of a woman affected with this disease, and obtained the following results:—

1. Elephantiasis dura of the extremities consists essentially of a hyper- not a hetero-plastic process. 2. The first symptom is an erysipelas of a peculiar kind. 3. The second stage is characterized by a progressive hyperplasy affecting all the layers of the skin uniformly, with a corresponding atrophy of the subcutaneous fatty tissue. The increase of the papillary bodies is connected with an exuberant growth of the epidermis. 4. The height of the disease is marked by a commingling hypertrophy of both the main layers of the skin, whereas the papillary layer, although equally hy-

pertrophied, remains always sharply defined and the fatty layer disappears more and more. 5. The papillary bodies retain their physiological function the longest. 6. The exemption of certain portions of the skin from enlargement is explained by the pressure which the skin exercises upon itself, about the folds of the joints, for instance. 7. The lower portion of the corium is distinguished from the upper not only by the direction of its fibres in the serous infiltration, but especially from its yellowish-brown color in consequence of the excessive development of elastic tissue. 8. In the beginning of the second stage, collections of lymphatic cells are found in the uppermost layer of the hypertrophied fibrous tissue as well as between the bases of the papillæ. The same cells, though not the collections, occur in the same way in simple erysipelas, in the first stage of scleroma, and in œdema of the skin. 9. The occurrence of such collections is plainly attributable to the emigration of colorless blood corpuscles, although their meaning is not yet determined. 10. From a clinical point of view, elephantiasis dura deserves the name "diffuse fibroma" given to it by Virchow only in the third stage. In its first periods, the hyperplasy is too widely extended and of too peculiar course to be classed on a level with a simple fibromatous new growth.

(Strange to say, the condition of the lymph vessels, which are generally considered now to play the most important part in the pathology of the disease, are entirely neglected in this examination.)

On the Anatomy of Xanthoma, Xanthelasma, Vitiligoidea.—This peculiar growth upon the eyelids, its appearances, clinical history, and supposed relations to icterus, have been much written upon during the past few years; but our knowledge concerning its true nature is still contradictory and somewhat unsatisfactory. The latest contributions to the literature of the affection, especially relating to its anatomy, about which so great discrepancy of opinion prevails, are by Dr. Kaposi, Professor Hebra's assistant, and by Drs. Geber, of Vienna, and Simon, of Berlin. The former (*Wiener Med. Wochenschr.*, 1872) concludes, from his histological investigations, that the disease is an interstitial new growth of fibrous tissue, with deposits of yellow fat in the tissues, not fatty degeneration of their elements. Notwithstanding this result, he prefers xanthoma for a title to fibroma lipomatodes, the name proposed by Virchow.

The latter investigators (*Archiv. f. Derm. und Syph.*) arrive at conclusions, from their microscopical examinations in two cases, unlike those above recorded, as well as those of previous observers, but which tend to confirm the original opinion held by Hebra, that the disease is an affection of the sebaceous glands. The epidermis and corium were not materially altered, although the tissues of the latter were occupied throughout by a new formation of cells. It was in the sebaceous glands and their connections that the characteristic changes were seen. Their epithelial cells were found greatly enlarged, while in immediate contact with them, and surrounded by bundles of fibrous tissue, were collections of similar large round or polygonal cells, occupying large portions of the cutis. Such groups were partly in long flattened streaks or masses. They regard the disease, therefore, as a hyperplastic development of the cells of the sebaceous glands. According to Virchow's investigations the growths are made up of a development of connective tissue cells, the central portions of which have undergone fatty infiltration, while the outer and younger portions are free from fat and resemble sarcoma. Waldeyer's examinations confirm these of Virchow, so far as the nature of anatomical changes is concerned. Geber and Simon, however, deny in advance the supposition that they have mistaken fatty connective tissue cells for sebaceous hypertrophy, and maintain the epithelial nature of the cell they discover. They deny, also, that the collections of cells are the result of any secondary changes in the sebaceous glands, such as plugging and consequent dilatation, and affirm that they resemble in all respects, especially in their progressive growth in the fibrous tissue, a proliferating new-growth. They conclude, therefore, that entirely distinct pathological processes are described and identified under the title Xanthoma. This communication is illustrated by beautifully clear plates of the microscopic anatomy of sections of the diseased tissue in Dr. Heitzman's well-known style.

Lupus Erythematosus (*Archiv. f. Dermatologie und Syphilis*, Erstes Heft, 1872).—Dr. Moriz Kohn, or Dr. Kaposi, as he now desires to be called, author-in-chief of the continuation of Hebra's work on Skin Diseases, offers in this journal a new and very extended contribution to our knowledge of this peculiar affection, supplementary to an article on the same subject in a previous number (1869). His present object has

been to demonstrate that it is to be elevated from the rank of a simple superficial affection of the sebaceous glands, nearly akin to true lupus, and of very restricted spread, as it has been hitherto regarded by modern dermatologists, to the possible position of a disease depending upon deeper-seated anatomical changes in the skin, and accompanied by general symptoms of the gravest or even of a fatal character. These more serious views of the nature of the affection are based upon the observation of eleven new cases, which are published in detail, and by farther examinations of its anatomy furnished by them. From these data he draws the following conclusions: 1. It was previously known that Lupus erythematosus might occur in two different forms, either in the shape of characteristic circles—Lupus erythematosus discoides, or in the shape of peculiarly disposed isolated and aggregated patches—Lupus erythematosus discretus et aggregatus. 2. It was also known that the disease had an eminently chronic course, and under such circumstances produced no apparent injurious effect upon the economy.

To these the following new experiences are to be added: 3. Lupus erythematosus may begin and run its course with the appearances of an extensive or universal, acute or subacute, febrile eruption, and by the intensity of its local and general symptoms in such cases be often able to affect the whole system and even to destroy it. 4. L. eryth. discoides runs regularly and continually a chronic course, and generally without any severe complications, although it occasionally is associated with erysipelas, or with the aggregated form and its acute symptoms. 5. L. eryth. aggregatus on the other hand may also have a chronic course, but more frequently either from the beginning or at least during its later progress is accustomed to develope acute eruptions.

As the results of his anatomical researches, he considers the affection as an inflammatory process, which is characterized by its original location about the sebaceous glands and hair follicles, or the sweat glands, and by its termination either in recovery and perfect *restitutio in integrum*, by retrogression of all inflammatory appearances, or by the effects of cicatricial shrinking of the affected tissues produced by fatty and amyloid degeneration of their elements. At the beginning of the process there appear about the glands above mentioned collections of cells under symptoms of inflammation, distention of the vessels, œdema of the cellular tissue of the lower portion of the corium (nodules), and in the superficial layers (red spots), proliferation of the gland cells (seborrhœa), exudation of serum and bloody fluid between the layers of the epidermis (vesicle-formation), and escape of blood into the corium and the papillary portion (hæmorrhage). From the lighter grades of this process complete recovery or restoration is possible. Generally, however, and as it appears, very quickly, there is developed the fatty granulations of the cells of the rete and of the elements produced by the inflammation, as well as a similar or hyaloid degeneration of the fibrous tissue elements of the papillæ, which in consequence are partly reabsorbed, partly shrink. At such place occurs the cicatricial sinking-in of the skin. By means of the same metamorphoses of the glandular elements and of the fibrous tissue surrounding them, is the destruction of the hair follicles, and of the sebaceous and sweat glands accomplished, as well as that of the bloodvessels which were distended at the beginning. The fat lobules also disappear. In this way we arrive at the end of the process, the complete cicatricial atrophy of the affected portions of skin.

Therapeutics.—In his earlier article, Dr. Kohn treats of this portion of the subject at length, and contents himself in this with specifying the few of the many methods of treatment there discussed which have best withstood the experience of the intervening two years. These are the potash soaps, potash solution (1 : 2), tar, and emplastr. hydrargyri. That even these, the most reliable means at hand, fall far short of desirable effectiveness in his estimation, the concluding words of the article, repeated from the earlier one, only too plainly tell us. "Every one of the means and methods there enumerated has shown itself perfectly able to cure Lupus erythematosus; but this applies always in the individual case only, for one which succeeds often time after time will leave us entirely in the lurch in the next case, and be wholly outdone in favorable effects by some other remedy." The object of treatment is to check the process while in the inflammatory stage, and to prevent the occurrence of new eruptions. This succeeds, he says, not infrequently, sometimes in a short time, generally, however, after many months and years of attempts and efforts of the physician and sufferings of the pa-

tient. To the truth of this experience all will assent who have had to deal with many cases of the disease.

Spedalskhed (leprosy) and its Hereditability. Boeck. (*Arch. fur Dermat. und Syph.*, Drittes Heft., 1872, from *Nord. Medic. Ark.*, vol. iii.)—During his recent visit to this country Prof. Boeck made a visit to Minnesota, where there is a colony of his countrymen, for the express purpose of studying what effect immigration to a region free from the disease might produce in that terrible leprosy so prevalent in their former home, Norway. He found there 18 persons affected by it; in 9 of whom it appeared only after a residence of a longer or shorter time (in three of them after a residence of 9½, 10, and 14 years). Of the other 9, who brought the disease with them, a portion (6) were more or less worse, 2 showed improvement, and 1 was stationary. It appears to him, therefore, that, as it is impossible to admit so long periods of incubation as those just given, we must refer the occurrence in such immigrants to the effects of inheritance. In these cases, with one exception, its preceding occurrence in side lines of the family could be determined. It is impossible yet to ascertain whether in the descendants born here of leprous immigrants the disease may develope. Prof. Boeck repeats, in this connection, an observation, that persons born of healthy parents, in whose families and homes leprosy never occurs, when they have lived a considerable time in countries where it is endemic, become affected by it, even after returning to regions free from it again.

Influence of the Pigment and Medullary Canal upon the color of the Hair. (*Archiv. f. Derm. und Syph.*, Erstes Heft., 1872.)—In this article Pincus, of Berlin, adds another to his former valuable contributions to our knowledge of the hair and its diseases. It is to his indefatigable investigations, in fact, that we are indebted for the largest part of our positive knowledge of the natural history of the hair and its changes in disease. The results of his latest observations are stated at length in the present article, and his conclusions are given in the following form:—1. If there is any considerable quantity of granular pigment in the peripheral layers of the hair, it is these layers alone which determine the color which the hair presents, and it is of no consequence whether the central layers contain pigment or not, whether they contain much air or not. 2. If the peripheral layers are without pigment, while the central contain it in considerable amount, the hair appears white, notwithstanding the central coloring, as soon as the peripheral layers contain any considerable quantity of air-streaks. 3. If the peripheral layers contain only infiltrated (diffused) pigment, then the central portions take part in producing the color that the hair exhibits, and in some cases may alone determine it. 4. In the rare cases in which the hair, during the second half of its natural growth, deepens in color, this increase is produced by the granular pigment, which, in the beginning of its development only in the more central, with the progress of its growth is developed also in the peripheral layers. 5. In case the hairs of any regions during the growth of a person after puberty (in childhood a more complex law holds) assume a decidedly thicker diameter, as a rule the quantity of deposited pigment does not keep equal pace with the increase in its natural thickness; the hairs therefore become lighter. 6. The variations of coloring in the natural progress of a gray hair are, as a rule, due to the fact that in some parts granular pigment occurs, in others not; infiltrated pigment, in advanced stages of canities, being found even in places still appearing to be colored either not at all or only in the most extreme peripheral layers. 7. In the beginning of canities, the pigment-formation gradually removes from the inner into the peripheral portions alone of the papilla (the main seat of its production). With the progress of the canities a section only of the peripheral layer produces pigment, so that only a narrow streak of pigment exists in the hair, which in straight hairs runs nearly parallel with the longitudinal axis, in curled hair in the form of a spiral. 8. The granular pigment of the living (growing) hair is much more easily acted on by solvents and chemical agents than that of the dead. Conclusions drawn from experiments made by Orfila and myself upon dead hair are to be applied to the living therefore only with caution. 9. Observation of many hairs (of one and the same person) in various stages of their natural development, teaches that the tip of the papilla (which forms the medullary canal) regularly towards the end of the natural development of the hair, and exceptionally also at other times, produces cells of less firm connections and with less firm interstitial substance. In such places the medullary canal contains no air (apparent interruption of the canal). Such modified production on the part of the papilla regularly coincides, according

to my observation, with a retardation of the longitudinal growth of the hair. 10. In any considerable number of hairs with strongly pronounced medullary canals, real interruptions of its cavity do occur, which are only to be explained by interruption in the formative activity of the tip of the papilla. This deficiency in the activity of a portion of the matrix, in consequence of the reparative power of the surrounding parts, is not expressed by any defect in the colored portion of the hair. In case the reparation is not complete, the central layers exhibit air-streaks, which decidedly exceed, in their number, breadth, and length, the number and dimensions of those of the peripheral layers. An interruption of the formative activity of the central layers of the papilla also occurs in cases where papillary-hairs without a medullary cavity exist. Where such interruption in the activity of the central layers of the papilla occurs only here and there, and such a hair contains in its peripheral layers only a little granular pigment, marked differences of color arise along its length.

Loss of Hair and its connection with premature Canities (*Jahresbericht der Gesammten Medicin*, 1872, from *Deutsche Klinik*).—Pincus, in the article here referred to, draws a sharp dividing line between alopecia and defluvium and canities prematura. The former he regards as an independent affection of the hair and not as the result of any preëxisting disease of the cutis. Alopecia simplex is the name he applies to the condition which begins in healthy persons between the 18th and 35th year, and gradually within five to fifteen years makes the head more or less bald. All regions of the scalp are not affected at once, and all the hairs of any affected district do not fall simultaneously. They first fail to attain their typical length, afterwards their normal diameter also. In canities præmatura a smaller portion of the scalp is affected, and all the hairs of the affected region rapidly fail in length and thickness.

According to his investigations, alopecia of middle and more advanced age is not, as is generally believed, the result of atrophy of the cutis. If a portion of the scalp is cut out during its first stage, there will be found a thickening of tissue at the boundary of the cutis and fat, an increase and thickening of the fibres between the fatty tissue, and a change of their vertical direction to one horizontal to the cutis. A slight scaliness is observed at this stage, the scales being derived mainly from the glandulæ sebaceæ, an altered secretion. In the later stage the hairs become thin and fall. Microscopical examination in this stage shows that we have not to do with an atrophy, but with an induration, which he calls induratio telæ cellulosæ.

Phosphorus in the Treatment of Skin Diseases.—Eames gives in the *Dublin Quarterly*, No. 1, 1872, the report of a series of cases in which he employed phosphorus internally. He dissolves ten grains in an ounce of olive oil, and gives of this three times daily from five to ten drops, or a tenth, a twentieth, or a thirtieth of a grain in capsules. The affections in which it seemed to be of greatest service were acne, lupus and psoriasis. Dyspepsia and general depression were constantly observed during its use, and, with many, a pleasant feeling of increased warmth after each dose. No exciting effect was noticed upon the genital nerves. The urine was sometimes increased, as well as the perspiration, but there was never diarrhœa.

Other writers speak in praise of its action in the above and other diseases of the skin, but the observations are as yet too few and too loosely conducted for the formation of an opinion as to its real or comparative merits as a remedy.*

Hydatid Cysts of the Heart.—Dr. L. de Welling has just prepared a monograph on this subject (*Le Mouvement Medical*, Sept., 1872). The affection is a rare one, and the symptoms accompanying it are so obscure that it cannot be prognosticated during life. A careful research has enabled the writer to find but thirty instances on record. Any portion of the heart may become the seat of one of these cysts. M. Welling has studied the pathological anatomy of the disease, as well as the different forms which the affected organ may acquire. One singular circumstance in this connection is that when the tumor projects beyond the walls of the heart, adhesions are found between it and the pericardium, so that a firm obstacle is presented to the rupture of the cyst. Cysts having their seat in the ventricles are rarely ruptured, whereas those situated in the auricles are ruptured frequently and are much more dangerous to life, death being, as a rule, certain. In some instances, dyspnœa and palpitation have been produced, but in a great majority of cases, hydatid cysts of the heart do not give rise to any marked symptom.

* Writers of papers on Dermatology will contribute much assistance in the preparation of the semi-annual reports in this department if they will forward copies of their papers, addressed to this Journal.—Eds.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
F. B. GREENOUGH, M.D., SECRETARY.

Oct. 7th.—*Two Cases of Aneurism of the Heart.* Cases reported and specimens shown by Dr. S. L. Abbot.

J. B., 44, born in France, a jeweller by profession, entered the Massachusetts General Hospital for symptoms from which he had been suffering for sixteen months, and which he attributed to the free use of nitric and hydrochloric acids in his daily vocation. The first symptom noticed was a swelling of the abdomen, which had increased to a marked ascites at the time of entering the hospital. A short time before entrance, considerable œdema of the lower extremities had appeared; two months previously, there was some yellowness of the skin. The patient had continued to work until within two weeks, during which he had been obliged to pass much of his time in bed on account of debility and dyspnœa; decubitus on the right side was impossible. His appetite was moderate, and food at times oppressed him. Bowels constipated. Pulse 72, of good strength.

Auscultation on the 27th showed, on a level with the left nipple, the second sound of the heart redoubled; about mid-sternum, the first sound clear, at times a little prolonged, and the second redoubled. No cardiac murmur. Urine examined on the 30th; in no way remarkable.

The patient remained in the hospital until his death on April 6th. His suffering was very great most of the time, from dyspnœa, vomiting and dropsical distention. He once vomited a little blood. He had pain at times in the region of the liver (which organ could not be felt at any time through the abdominal walls), and very often in the abdomen. Vomiting was a very frequent and distressing symptom. At about the middle of March, he had a loose cough, with abundant moist râles in the right back, and some obscure râles in the left; but no abnormal cardiac sounds were noticed in the back. Paracentesis abdominis was done on the 1st of April, and twelve pints of clear serum, somewhat colored by bile, were drawn off.

On the 5th, a patch of purpura, six to eight inches in length, was noticed on the upper and outer aspect of the right thigh. The patient vomited very frequently, and died on the morning of the sixth.

The treatment employed was palliative, to meet the indications of the symptoms from day to day. The patient was under the care of Dr. Shattuck until the 1st of March, afterwards of the reporter. The case was regarded before death as one of hepatic disease, probably cirrhosis, and there was not the slightest suspicion of the extraordinary disease of the heart revealed at the autopsy. This was made by Dr. Fitz, the Pathologist of the Hospital, and the following report of the morbid condition of the heart is taken from his notes.

"On removal of the sternum the pericardium was found to extend into the left mammary and upper hypochondriac regions, pushing the lower lobe of the left lung backwards and upwards, the inner surface of the same being adherent to the opposed outer surface of the pericardial sack.

"The parietal and visceral pericardial surfaces were intimately adherent by means of old, firmly organized, fibrous tissue.

"The heart was somewhat hypertrophied and dilated, the muscular substance firm; the valves of both ventricles apparently normal. In the right ventricle, towards the posterior wall, at the angle formed by the interventricular septum, the muscular substance was converted into a dense, white, fibrous tissue. In immediate connection with the left ventricle was a sack nearly as large as the heart itself, and so intimately connected with it, that a bordering line could not be made out. Its walls were a quarter of an inch thick, the inner surface presenting several thin, laminated, variously decolorized coagula, beneath which were occasional, more or less hemispherical, somewhat irregular, elevated masses, apparently degenerated coagulated fibrine. The cavity of the sack was filled with freshly coagulated blood, and communicated freely with the left ventricle by means of two circular openings with sharp edges, large enough to admit the forefinger, and situated on either side of the hypertrophied and somewhat fibrous papillary muscle of the mitral valve. The wall of the left ventricle surrounding these openings was thinned, white and firm, its appearance suggesting that of the central tendon of the diaphragm."

Dr J. B. S. Jackson said that in similar cases of aneurism in the walls of the heart, that had been previously reported to the society, the absence of any marked physical signs during life had been noticed.

H. M. S., æt. 39. Widow. Fayal. Entered the Mass. General Hospital, June 3d, 1872, having been but one month in

America. She was suffering from a cough which she had had since January, accompanied, at the time of entrance, by very little expectoration; for ten days there had been moderate ascites and œdema of the legs. There was some dyspnœa and general pain, disturbing sleep. Anorexia, thirst, constipation. Tongue moist, slightly coated, skin natural to the touch. Catamenia present. Pulse, 116. Respiration, 33. Temperature, 98°. The patient had had rheumatism seven years previously.

Auscultation on the 4th. Sounds of heart generally indistinct, of a rumbling character, much obscured by noisy breathing. Second sound distinct at base, but feeble. A systolic souffle heard along the arch of the aorta.

Percussion dull over the lowest third of both backs, quite dull at base, with abundant coarse crepitus, most abundant at the base.

The abdominal walls were loaded with fat. Some doubtful fluctuation could be detected in the abdomen; there was considerable œdema of the legs.

On the 7th the urine was high colored and acid; specific gravity 1114. Albumen was present in moderate quantity, but there were no casts. The patient died at 6, A.M.

The patient's imperfect knowledge of English made it very difficult to understand her complaints, but she seemed to suffer much from pain in the abdomen, back and lower extremities, with occasional dyspnœa. The treatment was palliative.

Autopsy by Dr. Fitz. "Lungs in a state of brown induration, with œdema.

"Heart. In the pericardium were some three ounces of clear, yellow fluid. Heart very much larger than usual, the increase in size being due mainly to dilatation and moderate hypertrophy of the ventricles. At the junction of one of the aortic valves and behind it a pouch extended into the interventricular septum large enough to readily admit the tip of the thumb. The muscular tissue beneath the attachment of the valves was fibrous in spots. The mitral and tricuspid valves readily admitted three fingers. The wall of the left auricle was smooth, white and opaque. In the right auricular appendage, two globular, somewhat œdematous, mottled gray, apparently ante-mortem thrombi were seen. Right auricle hypertrophied.

"Kidneys large, capsule attached with unusual care. Cortex somewhat increased in volume, pale, and of a dirty yellow. Malpighian corpuscles indistinct. Under the microscope numerous moderately fatty convoluted tubes were seen."

Dr. Ellis said that the heart was probably slightly fatty. Part of the lung showed brown induration. During life, flatness on percussion, and subcrepitant râles had been noticed. Brown atrophy as far as microscopic appearances go, resembles fatty degeneration, but in the former there is an induration of the tissues, instead of a softening, as is the case in the latter.

Dr. Warren said that in brown induration of the lungs, the air-cells were decreased in size, owing to the dilatation of the bloodvessels around them. The lung substance felt crepitant.

Dr. S. A. Green, in answer to a question, stated that he did not believe that the contagion of smallpox was very virulent in the open air, and that he felt quite sure that no case had been caught from the small-pox hospital or ambulance. He did not think that contagion could be carried more than a hundred feet in the open air. Where a patient had been removed in the first two days of the eruption in no instance had a second case followed in the same house.

Dr. Tyler, reported the case of a patient confined in the McLean Asylum with dementia, who was kept entirely by himself, and yet he broke out with confluent smallpox, which terminated fatally. The only possible means of contagion that he could think of, was that perhaps the disease might have been brought by flies from East Cambridge, where it was quite prevalent.

Dr. Jackson had thought it generally admitted that smallpox was contagious, even before the appearance of the eruption.

Dr. Green did not think so. He had noticed that the hæmorrhagic form was quite prevalent in the present epidemic, and very fatal; also that women of the proper age, were very apt to menstruate during the primary fever. A very great difference in the chances of the disease spreading in a house is made by the fact of the patients being up or down stairs, as the contagion seems more apt to rise than descend. With regard to the protective power of vaccination, he had seen instances, where a child, who by some chance had not been vaccinated, was the only one out of the family who had the disease. In a general way with regard to revaccination, he said that he thought every body should be vaccinated during the first three months of his life, again after puberty, and if the latter was successful, he should not revaccinate again unless there were some special reason for doing so, such as exposure to contagion or the exsitence of an epidemic

Medical and Surgical Journal.

Boston: Thursday, December 12, 1872.

THE INTRODUCTORIES.

The British journals for October contain abstracts of the introductory addresses delivered at the opening of the various medical schools, and also editorials suggested by the occasion and by the views which the different lecturers advanced. One of the journals, in a review of the address delivered by Mr. Christopher Heath at University College Hospital, thus condemns *in toto* the entire system of introductories. "While the general mass of introductories are useless," says the *British Medical Journal*, Oct. 12, "some are also mischievous. The 1st of October is occasionally used as an occasion for airing crotchets as well as platitudes, and an introductory lecturer finds sometimes the opportunity of being dogmatic as well as dreary."

To a certain extent, it is probable that some of the lecturers may be open to this charge, but we question whether the "crotchets" and "platitudes" may not be more truthfully styled the firm convictions to which the different speakers have arrived as the result of observation and experience, and which necessarily in the case of each one will be somewhat peculiarly his own. That some of these conclusions are wrong we may not deny, but the cause of truth will not be advanced, nor will the advocates of error be convinced by ridicule or wholesale condemnation. From among the sayings of so many of the leading medical teachers of England there must be some which will attract our attention, if they do not meet with our approval.

We select a few of the views advanced by some of the lecturers.

At Guy's, Dr. Pye-Smith spoke of preventive medicine, and then passed to consider curative medicine. He implies by curing, "taking care" of the sufferer. He goes on to say: "We cannot originate the least step in the healing process. We can only guide and direct the action of those physical laws which produce the phenomena of life." The *Med. Times and Gazette* objects to the limitation of curative medicine to "taking care" of the patient. "The administration of quinine in ague, which cures the disease, is not mere taking care of the patient, nor is application of aconite for the relief of neuralgia, nor the administration of arsenic in skin disease, nor a thousand other curative proceedings, which certainly transcend any ordinary meaning of the word 'take care.'"

Prof. Bracey, in his address at Birmingham, among other things, urged upon advanced students the importance of keeping up their knowledge of the preliminary sciences, particularly anatomy; for ignorance of this branch led to bad surgery; and whilst the physician's blunders might be obligingly hidden away by the sexton, and decently covered by the churchyard turf, those of the surgeon had an awkward trick of hobbling about, to his great discomfort and eternal confusion. He also referred to some of the difficulties one meets with in satisfying the inquiries of patients and their friends as to the nature of their troubles: "Some persons enjoying the dignity of suffering from a complaint with a portentous name, and others manifesting the opposite feeling."

At the London Hospital, Mr. Hutchinson maintained that there was no calling which tended more to the moral and mental development than that of which they as medical students had made choice. In opposition to the rather prevalent opinion that the study of physical laws is inimical to the growth of the higher moral faculties, such as reverence and faith, he held that it had in reality the opposite effect. He denied that the insight into things as they are, can possibly be prejudicial to our confidence and trust in things as they will be.

At the Middlesex Hospital, Dr. Thorowgood claimed that the public owed much to the physician for the health of the community in tracing out the causes and modes of propagation of many serious diseases. Proper treatment of disease with a view of preserving life is what all are striving for, but until of late years the tendency had been to begin, as it were, at the end—to

make the arch of the bridge before the foundations had been laid. The man who, ignorant of the processes and effects of disease, laid claim to being great at active treatment, was a sad hindrance to therapeutic progress. He treated true inflammation of the brain and *delirium tremens* in the same way, because he saw some similarity of symptoms. Such were the class of therapeutists who clung to such phrases as "*In summis morbis summa remedia*," and "*Melius anceps quam nullum remedium*," while the words "*Abstine si methodum nescis*" would be rather the expression of the practice of men well versed in disease, and in its frequent tendency to get well if not unduly interfered with by treatment. The men of note and repute 200 years ago, like Sydenham and Radcliffe, were said by keen observers to get their success by allowing nature to help herself, and not by being so very active with the lancet and physic.

A Suggestion for the American Medical Association.—If the leading spirits in the American Medical Association wish an example of a truly *scientific* and *valuable* National Association, and of the kind of professional work which alone will command the respect and enlist the sympathy of medical men throughout the country, we commend to them a perusal of the first pages of the *American Journal of Insanity* for October, containing the proceedings of the Association of Medical Superintendents of American Institutions for the Insane. But ten pages are devoted to the necessary business of the Association, and a hundred and twenty to very interesting and readable discussions on legitimate scientific topics. The editor of the *Chicago Medical Examiner*, in his "examination of the various propositions for improving the organization and working power of the [American Medical] Association," will please note.

An English Practitioner says he has been vaccinated 477 times! It is his practice to vaccinate himself whenever he meets with a person who objects, in order to show its safety.

From British Journals.

The Safest Place in a Thunder Storm.—James R. Lane, F.R.C.S. (*British Med. Journal*, Aug. 3, 1872), in a clinical lecture on Injuries from Lightning, gives the folfowing directions as to the safest course to pursue when one is overtaken by a storm of thunder and lightning:—

There is no doubt that the safest place for shelter is in the interior of a dwelling-house or other enclosed building, at a distance from window and street-doors; and in a cellar, perhaps, for choice. Not only is the chance of being struck infinitely less, but the risk of serious injury is also much diminished. According to Dr. Sestier, the proportion of fatal cases occurring within houses is not more than one-fifth of the persons struck, and of these the greater number were standing near a window or on a door-step; whereas in exposed situations in the open country, three-fourths of the cases are fatal.

There is no doubt, also, that the popular notion that it is imprudent to take shelter under a tree, is well founded, especially if the tree be an isolated one. A low tree, or a hedge with several high trees in its proximity is less objectionable, as the lightning will generally be attracted by preference to the most prominent objects. Trees standing together in a wood are seldom struck; the electric cloud, coming within the attraction of a mass of trees, probably discharges itself insensibly through the innumerable points of foliage. A wood, therefore, is not an unsafe place, though even there it may be well to keep away from a tree which is higher than its neighbors. Many persons have been killed while standing under a hay or corn rick; these, therefore, should be avoided. From their dryness they are worse conductors than the human body, so that the current passes from them to the latter, as the readiest channel by which it can reach the ground.

But if it is unsafe to stand under a tree or a haystack, is it safe to remain in the middle of a large open space? This is a doubtful question; for a man in an erect position, though less prominent than a tree, still offers a dangerous point of attraction when no other object is near, and if struck, the whole force of the stroke will pass through the body, entering probably by his head; whereas, under the tree, the current is likely to be divided and split up, so that though

the chance of being struck may perhaps be greater, the risk of fatal injury is considerably less. According to M. Sestier's statistics, of those struck in exposed situations in the open country, three-fourths are killed; under a stack of hay or corn, two-thirds; under a tree, one-half; under a hedge, one-third; within houses, only one-fifth.

It seems to be pretty generally argued that the safest plan, supposing shelter within a house to be unattainable, is to remain in the vicinity of some prominent object, such as a tree, but on the side opposite to that from which the storm is proceeding, and at a distance sufficient (say twenty or thirty yards), to avoid the risk of the electricity being attracted from the tree to the person.

Under any circumstances the recumbent is undoubtedly safer than the erect position, elevated and prominent situations being of course, carefully avoided. It would be better, for instance, to lie down in a furrow than on a ridge. Additional security may also be obtained by depositing watch and chain, money, or other metallic substances which attract electricity, at a safe distance.

By pursuing the course suggested one is certain to get wet through. While under a tree he runs only a remote chance of being struck by lightning. Wet clothes, however, are not without a compensating advantage; they are all the better conductors of electricity; and if they do not convey to the ground the whole of the current, they would transmit a much larger portion of it than if they were dry, so that there would be less risk of serious personal injury.

Second Attacks of Smallpox in the same Person.—Dr. Bakewell, health-officer of Trinidad, says, "Many persons who had had smallpox before, had a second attack; many re-vaccinated persons (the writer among the number) were attacked; and in two cases that were under my own care, and in one of which I had the particulars from a medical man, patients had the disease twice in six months." (*Med. Times and Gaz.*, Nov. 2, 1872.)

Ingrowing Nail.—Dr. Blower, of Liverpool (*British Medical Journal*, Sept. 21, 1872), has for the past twenty years employed compressed sponge successfully in the treatment of ingrowing nails. He renders the sponge compact by wetting and then tying it tightly until it is thoroughly dry. A bit of the sponge, in size less than a grain of rice, is placed under the nail and secured by strips of adhesive plaster. In this way the point of the nail is kept up from the toe until the surrounding soft parts are restored to their normal condition by appropriate means.

Caffeine.—Dr. H. S. Purdon (*The Doctor*, Nov. 1) has been lately trying the hypodermic injection of caffeine in neuralgia from both functional and organic causes. Amongst his patients at the Belfast General Hospital, was a case of "central neuralgia," and which had resisted all plans of treatment. Under the daily hypodermic use of caffeine, commenced in half-grain doses, increased to one grain dissolved in tepid water, the most satisfactory results were obtained. Caffeine is superior to morphia in never producing any sickness, which is so common when morphia is used hypodermically in any large dose.

Midwifery Notes from British Kaffraria, South Africa. By Dr. C. J. Egan (*Medical Times and Gazette*, October 12, 1872). From these we abstract the following:—The cases which Dr. E. has seen, have occurred among natives who have been brought somewhat under the influence of civilization, They are all cases of difficult or tedious labor, requiring professional assistance.

About twelve hours is considered to be natural labor in a primipara, and many last for a much longer period. Amongst multiparæ labor is much shorter in some cases, lasting not more than an hour, or even half an hour; but these are very exceptional. They recover from the effects of labor much quicker than Europeans do, some who have required operative interference having been seen standing up and walking about half an hour after delivery.

The obstetric position adopted by the natives is sitting with the heels drawn up to the buttocks, while the shoulders are generally supported against one of the poles which support the roof of the hut, or against some of the female friends, who are generally present in full force. Of course, in this position, no pressure can be made upon the perinæum by the hand of the attendant, but the writer thinks the perinæum is protected by its resting on the firm floor of the hut, and that the too sudden passage of the child's head is thus prevented.

The pelves, it is thought, are not larger than those met with in Europeans, but they

are certainly more largely enveloped in their fleshy cover. The head of the child is usually smaller than is met with in Europeans.

There are two different methods of treating the funis. In some cases they do not cut it till the placenta has been expelled. Dr. E. has been called to a case of twins three hours after the birth of the first child—the second lying across and requiring to be turned; and when he arrived the first was lying on the floor, still attached by the funis, in which all circulation had ceased, the child being alive and well.

The second method is to cut the funis across with a rough reed—in fact to saw it slowly across, making a ragged end to it, as if it was torn—and thus effectually prevent hæmorrhage.

Flooding is a very unusual occurrence, and the writer has never been called in to see or to prescribe for a case of the kind.

Among the native infants, one is much struck with the numerous cases of umbilical hernia. Little Kaffirs, from a year to four or five years of age, are to be met with running about quite naked, with large protrusions at the navel—sometimes the size of a hen's egg. Yet these herniæ seem always to disappear without any remedial measures being adopted. Though often seen in children, it has not been met with in adults.

It originates, probably, from their never using a binder on the infant when first born; and it appears to be removed naturally on the development of the abdominal muscles when the child begins to run about. It shows that the occurrence of such herniæ among European children need not be a cause of so much anxiety as it usually is. It will most likely cure itself if left alone.

Correspondence.

MESSRS. EDITORS: I take the liberty of requesting permission for the insertion of the following extract from the Secretary's report of the last meeting of the Suffolk District Society.

Very truly yours,

R. H. FITZ.

In answer to Dr. Hodges with regard to the anatomical alterations in the hæmorrhagic forms of variola and to Dr. Wheeler with regard to the possibility of two distinct diseases being in question, Dr. Fitz stated that he had recently made an autopsy in such a case, where death had occurred within 36 hours, and had found conditions differing from those observed in ordinary cases of variola:

Hæmorrhages in the skin, the papular eruption being absent, subcutaneous and subserous fat tissue, also in the submucous tissues of the stomach and renal calyces. In the lungs extensive hæmorrhages had taken place both diffuse and circumscribed, the latter in the form of nodular masses, the cut surface of one of which was as large as that of the palm of the hand.

Still more remarkable was the condition of the spleen, liver and kidneys, which, slightly larger than usual, possessed an enormously increased density. The color of the spleen a dark red, its pulp increased in volume. The liver anæmic; acini easily recognized, with a slight waxy lustre on section. The kidneys smooth, gray and anæmic, also a tolerably uniform opaque white appearance of the cortex. The autopsy was performed some 6 hours after death, and notwithstanding the body was packed in ice, its temperature was remarkably high.

Attention was called to the observations of Dr. Ponfich recently made in Berlin, with regard to cases of hæmorrhagic variola. In general, similar results to those mentioned had been obtained. Dr. Ponfich called attention to the comparative immunity from hæmorrhage of the small intestine, though elsewhere in the intestinal canal from mouth to anus such was common. Less regular was its occurrence, in the Fallopian tubes, uterus and vagina, ovarian tissues, brain and its membranes. Upon all the mucous membranes mentioned a diphtheritic process frequently accompanies the hæmorrhagic infiltration. He states that the larger bile-ducts and gall bladder contain dark viscid bile, whereas in pustular variola, a grayish, yellow, thin, often serous-like fluid is found.

In general the granular degeneration of the parenchyma of the various organs occurring in the pustular varieties is wanting in the hæmorrhagic form. Dr. Ponfich says that the question may well be asked if these two forms are not different diseases, since the anatomical appearances and chemical features are so different. Dr. Fitz had seen a case, however, where within the first 24 hours, papules being absent, multiple cutaneous hæmorrhages were present, especially in the lower abdominal and lumbar regions, also epistaxis; later a confluent pustular eruption made its appearance on the face.

Medical Miscellany.

AMERICAN MEDICAL ASSOCIATION.—The Transactions of the Association for the past year have been issued by the Permanent Secretary.

POST-MORTEM PARTURITION is not only possible, but, according to cases cited in the *Medical Press*, Oct. 9th, has been repeatedly noticed.

DR. JOHN M. CURRIER, of Barnet, has been appointed Surgeon-General of the State of Vermont, with the rank of Brigadier-General.

ARCHIVES OF SCIENTIFIC AND PRACTICAL MEDICINE.—We took occasion in the last number to refer to the publication of a new journal in New York.

Dr. Brown-Séquard proposes soon to begin, with the assistance of Dr. E. C. Seguin, and several New York, Boston and Philadelphia physicians and surgeons, the publication of a Medical Journal, under the above title. The original papers in this periodical will form the largest part of every number, and will treat successively of the most various subjects belonging to all the branches of the medical sciences. Although scientific, this journal will be essentially practical, especially in giving, besides purely practical papers, scientific communications having for their object applications of science to practice.

This journal will appear on the first day of every month, each number consisting of about one hundred pages, 8vo, in somewhat small type.

In addition to the usual material found in a professional journal, we are promised a report on the result of experimental researches made in Dr. Brown-Séquard's Laboratory, by himself, by his assistant Mr. Dupuy, or by his pupils.

TENNESSEE OPIUM.—The *Nashville Journal of Medicine and Surgery*, Oct., 1872, contains the following:—

Considerable interest has been manifested, during the last few years, in the cultivation of the poppy for opium, near Nashville. A small quantity of the imported seed of the white poppy was planted by Dr. Pitts, in the spring of 1871, and the seed thus obtained used exclusively this year, with very fine success, the plant being larger and more vigorous, and the capsules from two to ten times as large as those from the imported seed.

A sample of the opium, prepared this summer, was found to possess the peculiar narcotic odor and bitter taste, and presents a smooth, tenacious mass, of a dark brown color. One hundred grains, when dried, yielded eighty-three of powder, and, upon examination, eleven of insoluble matter, mostly clay and sand, and ten of alkaloids, equal to about nine grains of morphia.

M. LOUIS.—The following expression of respect for the memory of Louis was unanimously adopted by the Medical Observation Society of Boston at its meeting, Nov. 18th ult.:—

The members of the Boston Society for Medical Observation, in entering upon their record the death of M. Louis, desire to express their profound respect and admiration for his life and labors which have done so much for the advancement of medical science.

They recognize in the teachings of M. Louis the ideas which gave birth to this Society, formed upon the model of the Société d'Observation Médicale, of Paris, which counts among its members some of M. Louis's earliest followers.

They desire to express to the family of M. Louis their profound sympathy for the bereavement which it has sustained.

ERRATUM.—Page 396, JOURNAL of Dec. 5, after the word "seen" in line 21, insert *reports*.

PAMPHLETS RECEIVED.—What Physiological Value has Phosphorus as an Organismal Element? An Essay to which was awarded the Prize of the American Medical Association for the year 1872. By Samuel R. Percy, M.D., &c. Philadelphia. 1872. Pp. 56.—Vegetable Organisms as Causes of Disease. By Dr. F. Steudener. Translated from the German by Conrad Georg, M.D., Ann Arbor, Mich. 1872. Pp. 41.—Medical Responsibility and Malpractice: An Address delivered at Albany before the Medical Society of the State of New York, February 7, 1872. By Wm. C. Wey, M.D. Albany. 1872. Pp. 35.—Puncture of the Bladder by Dienlafoy's Aspirator, with a description of the Instrument. By James L. Little, M.D., &c. New York: Appleton & Co. 1872. Pp. 12.

Deaths in sixteen Cities and Towns of Massachusetts, for the week ending Nov. 30, 1872.

Cities and Towns.	*No. of Deaths.*
Boston	176
Charlestown	22
Worcester	13
Lowell	15
Milford	2
Chelsea	7
Cambridge	10
Salem	8
Springfield	8
Lynn	14
Gloucester	4
Fitchburg	5
Taunton	9
Newburyport	7
Somerville	2
Haverhill	3
	305

Prevalent Diseases.	
Smallpox	64
Consumption	44
Pneumonia	22
Typhoid Fever	11

The deaths from smallpox were as follows:—fifty-three in Boston, six in Charlestown, two in Chelsea, two in Cambridge, and one in Newburyport.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, December 7th, 147. Males, 82; females, 65. Accident, 3—apoplexy, 5—asthma, 1—atelectasis pulmonum, 1—disease of the bladder, 1—bronchitis, 1—inflammation of the brain, 1—disease of the brain, 5—cancer, 1—consumption, 17—convulsions, 2—dyspepsia, 2—debility, 4—diarrhœa, 2—drowned, 1—epilepsy, 1—scarlet fever, 15—typhoid fever, 2—gangrene, 2—disease of the heart, 2—hæmorrhage, 1—insanity, 1—intemperance, 2—disease of the liver, 1—congestion of the lungs, 3—inflammation of the lungs, 9—marasmus, 1—old age, 6—paralysis, 1—pleurisy, 1—premature birth, 2—purpura, 1—puerperal disease, 1—scrofula, 1—smallpox, 41—stricture, 1—unknown, 5.

Under 5 years of age, 47—between 5 and 20 years, 18—between 20 and 40 years, 46—between 40 and 60 years, 13—above 60 years, 23. Born in the United States, 99—Ireland, 32—other places, 16.